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|    |     | Approved for use |

Approved for use through 10/31/2007. OMB 0651-0651

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| Request                                    | Application Number     | 09/446,783            |
|--------------------------------------------|------------------------|-----------------------|
| for (DOE)                                  | Filing Date            | June 26, 1998 (Int'l) |
| Continued Examination (RCE)  Transmittal   | First Named Inventor   | Neil P. DESAI         |
| Address to:                                | Art Unit               | 1618                  |
| Mail Stop RCE<br>Commissioner for Patents  | Examiner Name          | J. Vu                 |
| P.O. Box 1450<br>Alexandria, VA 22313-1450 | Attorney Docket Number | 420052000126          |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

| 8, 1995, or to any design application.                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <ol> <li>Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and<br/>amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If<br/>applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such<br/>amendment(s).</li> </ol> |  |  |  |  |  |
| a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.                                                                                                                                                                                                                                      |  |  |  |  |  |
| i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| ii. Other                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| b. x Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| i. X Amendment/Reply (7 pages) iii. X Information Disclosure Statement (IDS)                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
| Fee Transmittal + duplicate for fee processing (2 pages) Form PTO/SB/08a/b + duplicate (24 pages); One Hundred (100) References; Copy of Request for Corrected Filing Receipt filed 8/10/06 (4 pages); Copy of Supplemental Application Data Sheet filed 8/10/06 (4 pages);                                                                                                                                                  |  |  |  |  |  |
| ii. Affidavit(s)/Declaration(s) iv. Other Receipt Postcard                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| 2. Miscellaneous                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| b. Other                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| i. X RCE fee required under 37 CFR 1.17(e)                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| ii. Extension of time fee (37 CFR 1.136 and 1.17)                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| iii. Other                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| b. Check in the amount of \$ enclosed                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| c. Payment by credit card (Form PTO-2038 enclosed)                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                             |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| Signature Date October 31, 2007                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Name (Print/Type) Alicia J. Hager Registration No. 44,140                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 596704245 US, on the date shown below in an envelope addressed to: Mail Stop RCE, Commission of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.                                                                                                                                                          |  |  |  |  |  |
| Dated: October 31, 2007 Signature: Joac Mediano) (Isaac Medrano)                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |

| 1 2007 (B)                                                                                    |                                 |                                    | Appro           | oved for use throug   |                       | D/SB/17 (10-0<br>DMB 0651-00 |
|-----------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|-----------------|-----------------------|-----------------------|------------------------------|
| Under the Paperwork Reduction Act of  Effective on 12/08/ pursuant to the Consolidated Approp | 1995, no person are required to | U.S. Pater respond to a collection | nt and Trader   | mark Office; U.S. D   | EPARTMENT O           | F COMMERC                    |
| Effective on 12/08/                                                                           |                                 |                                    |                 | nplete if Kno         | wn                    |                              |
| ees pursuant to the Consolidated Approp                                                       |                                 | Application Nur                    | mber            | 09/446,783            | 0 (1 - (1)            |                              |
| FEE TRANS                                                                                     | MIIIAL                          | Filing Date                        |                 | June 26, 199          |                       |                              |
| For FY 20                                                                                     | 800                             | First Named In                     |                 | Neil P. DESA<br>J. Vu | <del>\</del>          |                              |
|                                                                                               |                                 | Examiner Name                      | ;               |                       |                       |                              |
| Applicant claims small entity stat                                                            | T                               | Art Unit                           |                 | 1618                  |                       |                              |
| TOTAL AMOUNT OF PAYMENT                                                                       | (\$) 810.00                     | Attorney Docket                    | No.             | 4200520001            | 26                    |                              |
| METHOD OF PAYMENT (check                                                                      | all that apply)                 | <u></u>                            |                 |                       |                       |                              |
| Check Credit Card                                                                             | Money Order No                  | one Other                          | (please ident   | ify):                 |                       |                              |
| X Deposit Account Deposit Account                                                             | Number: 03-1952                 | Deposit                            | Account Nam     | ne: Morrisc           | n & Foerste           | er LLP                       |
| For the above-identified depo                                                                 | osit account, the Director      | s hereby authorize                 | ed to: (che     | ck all that apply     | y)                    |                              |
| x Charge fee(s) indicated                                                                     | l below                         | Charg                              | ge fee(s) ir    | dicated below,        | except for th         | ne filing fee                |
| Charge any additional f                                                                       | ee(s) or underpayments          | of x Credit                        | t any overp     | payments              |                       |                              |
| fee(s) under 37 CFR 1.                                                                        | 16 and 1.17                     |                                    | · ·             |                       |                       |                              |
| FEE CALCULATION                                                                               | VALUE TO LETTO                  |                                    |                 |                       |                       |                              |
| 1. BASIC FILING, SEARCH, AND E                                                                |                                 | ARCH FEES                          | EYAMI           | NATION FEE            | S                     |                              |
|                                                                                               | Small Entity                    | Small Entity                       | EXAMI           | Small Entity          |                       |                              |
| Application Type Fee (\$                                                                      | ) <u>Fee (\$) Fee (</u>         | \$) <u>Fee (\$)</u>                | <u>Fee (\$)</u> | Fee (\$)              | Fees P                | aid (\$)                     |
| Utility 310                                                                                   | 155 510                         |                                    | 210             | 105                   |                       | 00                           |
| Design 210                                                                                    | 105 100                         |                                    | 130             | 65                    |                       | 00                           |
| Plant 210                                                                                     | 105 310                         |                                    | 160             | 80                    | 0.                    | 00                           |
| Reissue 310                                                                                   | 155 510                         |                                    | 620             | 310                   |                       | 00                           |
| Provisional 210                                                                               | 105                             | 0                                  | 0               | 0                     |                       | 00                           |
| 2. EXCESS CLAIM FEES                                                                          |                                 |                                    |                 |                       |                       | Small Entit<br>Fee (\$)      |
| Fee Description<br>Each claim over 20 (including Reiss                                        | uac)                            |                                    |                 |                       | <u>Fee (\$)</u><br>50 | 25                           |
| Each independent claim over 3 (incl                                                           | · ·                             |                                    |                 |                       | 210                   | 105                          |
| Multiple dependent claims                                                                     | uug 114100u00)                  |                                    |                 |                       | 370                   | 185                          |
| Total Claims Extra Claims                                                                     | Fee (\$) Fee                    | Paid (\$)                          | N               | Multiple Depen        |                       | 103                          |
|                                                                                               |                                 | 0.00                               | _               | ee (\$)               | Fee Paid (\$          | )                            |
| HP = highest number of total claims paid for                                                  | , if greater than 20.           |                                    | _               | 85.00                 | 0.00                  |                              |
| Indep. Claims Extra Claims                                                                    | Fee (\$) Fee                    | Paid (\$)                          |                 |                       |                       | _                            |
|                                                                                               |                                 | 0.00                               |                 |                       |                       |                              |
| HP = highest number of independent claims                                                     | paid for, if greater than 3.    |                                    |                 |                       |                       |                              |
| 3. APPLICATION SIZE FEE                                                                       | read 100 sheets of many         | · (1di14                           |                 | 71-4                  |                       |                              |
| If the specification and drawings exlistings under 37 CFR 1.52(e)),                           |                                 |                                    |                 |                       |                       | )                            |
| sheets or fraction thereof. See 3                                                             |                                 | •                                  |                 |                       |                       |                              |
| Total Sheets Extra Sheet                                                                      | s Number of each                | additional 50 or fra               | ction there     | of Fee (\$)           | Fee F                 | Paid (\$)                    |
| - 100 =                                                                                       | /50 =                           | _ (round <b>up</b> to a wh         | ole number)     | x <u>130.00</u>       | =0                    | .00                          |
| 4. OTHER FEE(S)                                                                               |                                 |                                    |                 |                       | <u>Fees</u>           | <u> Paid (\$)</u>            |
| Non-English Specification, \$13                                                               |                                 | •                                  |                 |                       |                       |                              |
| Other (e.g., late filing surcharge)                                                           | : 1801 Request for con          | ntinued examina                    | ition (RCI      | E) (see 37            | 81                    | 0.00                         |
| SUBMITTED BY                                                                                  | 11                              |                                    |                 |                       |                       |                              |
|                                                                                               | -T/                             | Registration No.                   | 44 140          | T-1                   | (050) 040             |                              |
| Signature                                                                                     | 15                              | (Attorney/Agent)                   | 44,140          | Telephone             | (650) 813             | 3-4296                       |

| ///                               | 1.75 | (Attorney/Agent) |      | (000) 010 1200   |
|-----------------------------------|------|------------------|------|------------------|
| Name (Print/Type) Alicia J. Hager |      |                  | Date | October 31, 2007 |
|                                   |      |                  |      |                  |